## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-05-2010</u>	Address:	CR950S west of SR19
Case #:	<u>16-19544</u>		Location 1 of 2
County:	<u>Miami</u>		Miami County, IN
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s): vehicle			
Red Phosphorous/Iodine Reaction(s): <u>N/A</u>			
☐ Flammable Solvents: <u>N/A</u>			
Water Reactive Metal (Lithium): vehicle			
Anhydrous Ammonia: vehicle			
Hydrochloric Acid Gas Generator(s): N/A			
Corrosive Acid: front floor			
Corrosive Base: vehicle			
Other (item and location): cotton, rubber gloves			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip uffic stop
This repor	t is to be faxed to the following agen	cies that serve the lo	ocation:
Fire Depart	ment: Miami County	Fax: (765)472-5191	
Health Dep	artment: Miami County	Fax: <u>(765)</u> 4 Fax: <u>(765)</u> 4	
Child Prote	ction Service: Region 6	<del></del>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Joshua Maller</u> Phone (765) 473-6666			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.